

while the number of North Carolinians eligible for Medicaid increased by 23 percent, from 455,702 to 561,053 persons.(6) Nationally, too, increases in expenditures have exceeded increases in the number of persons served.

Between fiscal years 1988 and 1989, expenditures and recipients increased by 22 and 16 percent respectively (6). DMA data show that one-third of the dramatic increase in Medicaid expenditures was due to expansions in eligibility, while increased use of services and rate increases for services (inflation) account for 29 and 23 percent respectively. The remaining 15 percent of the increase is due to a number of factors such as use of more costly services. (6)

Statewide in FY 1989, 43 percent of Medicaid recipients were white and 57 percent nonwhite; 32 percent of the recipients were male, and 68 percent were female. Annual cost per recipient was highest for the 19 percent aged 65 and above (\$4,373) and lowest for the 28 percent aged five to 20 (\$1,069). Nearly 69 percent of the recipients were adults and children from the Aid to Families with Dependent Children program, and this category accounted for 31 percent of the service expenditures. In contrast, the 13 percent disabled and 17 percent aged recipients accounted for 35 and 33 percent respectively of the expenditures.(6)

Medicaid is the largest publicly funded source of health care for persons in (or near) poverty in North Carolina. Data on how funds are spent and the demographics of eligibles and recipients can provide much information about the health status and services provided in each county of the state. The following sections describe the files that can be accessed and present county and statewide tabulations of selected Medicaid data. Additional non-identifying, aggregate data are available from the Center for Health and Environmental Statistics (CHES) on a cost-recovery basis.

## DESCRIPTION OF DATA FILES

By agreement with DMA, Eligibility, Paid Claims, and Provider files are available to CHES for approved uses. These files were developed primarily as a mechanism for certification and bill paying and are complex in structure and content.

The Eligibility file available to CHES is a "point in time" file, depicting the eligibility status of each person on a daily basis. Persons terminated from eligibility are carried in the file for up to one year after the termination date. The file is organized by case (family in most instances), with eligible individuals under each case listed separately. Over 90 variables are given for each casehead (responsible adult, usually head of family), and over 40 for each eligible individual. Variables that may be useful for data analysis include: county of residence, aid program and aid category, Medicaid class, gross and net earnings, and living arrangements. Variables for each individual are: date of birth, race, sex, individual's gross and net earnings, and Medicare status.

The Paid Claims file contains information about specific services paid for by Medicaid. A number of services by a given provider may be bundled into one claim record. For example, a physician's office visit claim may contain information from several office visits by a particular patient. Variables in this file pertain to patient and provider characteristics, diagnoses, procedures, and fiscal data. Diagnosis codes are based on the *International Classification of Diseases 9th Revision Clinical Modification* (ICD-9-CM). Procedure codes are based on five coding structures, contingent on the type of claim. For example, the National Drug Code is used to designate procedures (drugs) for drug claims; UB-82 (uniform billing) codes are used to describe procedures on inpatient and outpatient hospital, clinic, and home health claims; and CPT codes (*Physicians' Current Procedural Terminology*) are used with claims for physician services. Other important variables include: patient's sex (but not race), date of birth, and county of residence; type, specialty, and identity of provider; beginning and ending dates for each service; and fiscal data including total billed, paid, and recipient copayment. This is by far the largest file, and it is processed annually by CHES in order to produce episode-of-care records.

The Provider file contains information about each physician, institution, clinic, and supplier that has been approved for Medicaid reimbursement. Not all approved providers accept Medicaid patients, and some providers accept very few Medicaid patients.